

In re Patent Application of	)	
	)	
Koichi Goto, et al.	)	Group Art Unit: 2629
	)	
Application No.: 10/524,354	)	Examiner: Karimi, Pegeman
	)	
Filed: February 14, 2005	)	Confirmation No.: 6316
	)	
For: TOUCH SCREEN INPUT METHOD AND	)	
DEVICE	)	

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: June 30, 2009

Sir:

Enclosed is an Amendment under 37 C.F.R. §1.116 for the above-identified patent application.

- ☐ A Petition for Extension of Time of one month is enclosed.
- ☐ \_\_\_\_\_ Terminal Disclaimer(s) and the ☐ \$70 ☐ \$140 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- ☐ Also enclosed is/are \_\_\_\_\_.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$405 ☐ \$810 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) request that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted \_\_\_\_\_ on \_\_\_\_\_ for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. §1.17(i) is enclosed.

- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. §1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No of Claims Previously Paid for	Extra Claims	Rate	Additional Fee
Total Claims	18	20	0	x 52 (1202)	\$ 0
Independent Claims	4	4	0	x 220 (1201)	\$ 0
<input type="checkbox"/> If multiple dependent claims are presented, add \$ 390 (1203)					\$ 0
<b>Total Claim Amendment Fee</b>					<b>\$ 0</b>
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 0
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0</b>

- ☐ Charge \_\_\_\_\_ to Deposit Account No. 50-0320 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-0320.

Respectfully submitted,

Frommer Lawrence & Haug LLP

Date: June 30, 2009

By: 

Ellen Marcie Emas  
Registration No. 32,131